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PINE VIEW CARE CENTER 400 PINE VIEW ROAD BLACK RIVER FALLS 54615 Ownershi p: Phone: (715) 284-5396 County Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/01): 141 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 141 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 121 Average Daily Census: 131

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County: Jackson

| Services Provided to Non-Residents |       | Age, Sex, and Primary Diagn  | osis of | Residents (12/3) | 1/01)    | Length of Stay (12/31/01) | %             |
|------------------------------------|-------|------------------------------|---------|------------------|----------|---------------------------|---------------|
| Home Health Care                   | No    | Primary Diagnosis            | %       | Age Groups       | %        | Less Than 1 Year          | 28. 1         |
| Supp. Home Care-Personal Care      | No    |                              |         |                  |          | 1 - 4 Years               | <b>52</b> . 1 |
| Supp. Home Care-Household Services | No    | Developmental Disabilities   | 0. 0    | Under 65         | 1.7      | More Than 4 Years         | 19. 8         |
| Day Services                       | No    | Mental Illness (Org./Psy)    | 28. 9   | 65 - 74          | 11.6     |                           |               |
| Respite Care                       | No    | Mental Illness (Other)       | 1. 7    | 75 - 84          | 35. 5    |                           | 100. 0        |
| Adult Day Care                     | Yes   | Alcohol & Other Drug Abuse   | 0. 0    | 85 - 94          | 42. 1    | *********                 | *****         |
| Adult Day Health Care              | No    | Para-, Quadra-, Hemi plegi c | 0. 0    | 95 & 0ver        | 9. 1     | Full-Time Equivalen       | t             |
| Congregate Meals                   | No    | Cancer                       | 1. 7    | <u> </u>         | ľ        | Nursing Staff per 100 Re  | si dents      |
| Home Delivered Meals               | No    | Fractures                    | 0.8     |                  | 100. 0   | (12/31/01)                |               |
| Other Meals                        | Yes   | Cardi ovascul ar             | 15. 7   | 65 & 0ver        | 98. 3    |                           |               |
| Transportation                     | Yes   | Cerebrovascul ar             | 11.6    |                  |          | RNs                       | 12. 4         |
| Referral Service                   | No    | Di abetes                    | 4. 1    | Sex              | % j      | LPNs                      | 6. 4          |
| Other Services                     | Yes   | Respi ratory                 | 5.8     |                  | Ì        | Nursing Assistants,       |               |
| Provi de Day Programming for       |       | Other Medical Conditions     | 29.8    | Male             | 20.7     | Ai des, & Orderlies       | 51. 1         |
| Mentally Ill                       | No    |                              |         | Femal e          | 79.3     |                           |               |
| Provi de Day Programming for       | i     |                              | 100.0   |                  | j        |                           |               |
| Developmentally Disabled           | No    |                              |         |                  | 100. 0   |                           |               |
| ***********                        | ***** | ***********                  | *****   | ************     | ******** | ******************        | *****         |

## Method of Reimbursement

|                     |      | Medicare<br>Title 18 |                      |     | edicaid<br>itle 19 |                      |     | 0ther |                      |     | Pri vate<br>Pay | :                    |     | amily<br>Care |                      |     | bnaged<br>Care |                      |                          |                  |
|---------------------|------|----------------------|----------------------|-----|--------------------|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|-----|---------------|----------------------|-----|----------------|----------------------|--------------------------|------------------|
| Level of Care       | No.  | %                    | Per<br>Di em<br>(\$) | No. | %                  | Per<br>Di em<br>(\$) | No. | %     | Per<br>Di em<br>(\$) | No. | %               | Per<br>Di em<br>(\$) | No. | %             | Per<br>Di em<br>(\$) | No. | %              | Per<br>Di em<br>(\$) | Total<br>Resi -<br>dents | %<br>Of<br>s All |
| Int. Skilled Care   | 0    | 0. 0                 | 0                    | 2   | 2. 4               | 114                  | 0   | 0. 0  | 0                    | 0   | 0. 0            | 0                    | 0   | 0. 0          | 0                    | 0   | 0. 0           | 0                    | 2                        | 1. 7             |
| Skilled Care        | 7    | 100.0                | 307                  | 76  | 90. 5              | 97                   | 0   | 0.0   | 0                    | 20  | 66. 7           | 127                  | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 103                      | 85. 1            |
| Intermediate        |      |                      |                      | 6   | 7. 1               | 80                   | 0   | 0.0   | 0                    | 10  | 33. 3           | 114                  | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 16                       | 13. 2            |
| Limited Care        |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0             |
| Personal Care       |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0             |
| Residential Care    |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0             |
| Dev. Di sabl ed     |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0             |
| Traumatic Brain Inj | 0    | 0.0                  | 0                    | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0             |
| Ventilator-Depender | nt 0 | 0.0                  | 0                    | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0             |
| Total               | 7    | 100.0                |                      | 84  | 100.0              |                      | 0   | 0.0   |                      | 30  | 100.0           |                      | 0   | 0.0           |                      | 0   | 0.0            |                      | 121                      | 100. 0           |

County: Jackson PINE VIEW CARE CENTER

| *****                                 | ****  | *****                 | *****         | ****         | *****              | *****                 | ****       |
|---------------------------------------|-------|-----------------------|---------------|--------------|--------------------|-----------------------|------------|
| Admissions, Discharges, and           |       | Percent Distribution  | of Residents' | Condi ti ons | , Services, and    | Activities as of 12   | /31/01     |
| Deaths During Reporting Period        |       |                       |               |              |                    |                       |            |
|                                       |       |                       |               | % Ne         | edi ng             |                       | Total      |
| Percent Admissions from:              |       | Activities of         | %             | Assi sta     | ance of            | % Totally             | Number of  |
| Private Home/No Home Health           | 5. 4  | Daily Living (ADL)    | Independent   | One Or '     | Two Staff          | Dependent             | Resi dents |
| Private Home/With Home Health         | 8. 1  | Bathi ng              | 0.8           | 6            | 0. 3               | 38. 8                 | 121        |
| Other Nursing Homes                   | 8. 1  | Dressing              | 9. 9          | 6            | 7. 8               | 22. 3                 | 121        |
| Acute Care Hospitals                  | 70. 3 | Transferring          | 21. 5         | 4            | 5. 5               | 33. 1                 | 121        |
| Psych. HospMR/DD Facilities           | 0.0   | Toilet Use            | 17. 4         | 4            | 4. 6               | 38. 0                 | 121        |
| Reȟabilitation Hospitals              | 0.0   | Eating                | 49. 6         | 2            | 8. 1               | 22. 3                 | 121        |
| Other Locations                       | 8. 1  | **************        | ******        | ******       | ******             | ********              | ******     |
| Total Number of Admissions            | 111   | Continence            |               | % Spe        | ecial Treatments   | 5                     | %          |
| Percent Discharges To:                |       | Indwelling Or Externa | l Catheter    |              | Receiving Respin   |                       | 9. 1       |
| Private Home/No Home Health           | 23.0  | Occ/Freq. Incontinent |               |              | Recei vi ng Trache |                       | 0.0        |
| Private Home/With Home Health         | 14. 3 | Occ/Freq. Incontinent |               |              | Receiving Suction  |                       | 0.8        |
| Other Nursing Homes                   | 1.6   | İ                     |               |              | Receiving Ostom    |                       | 2. 5       |
| Acute Care Hospitals                  | 14. 3 | Mobility              |               |              | Receiving Tube Ì   |                       | 3. 3       |
| Psych. HospMR/DD Facilities           | 0.8   | Physically Restrained |               |              |                    | nically Altered Diets |            |
| Rehabilitation Hospitals              | 0. 0  | j j                   |               |              | 6                  | <i>y</i>              |            |
| Other Locations                       | 4. 0  | Skin Care             |               | 0t           | her Resident Cha   | aracteri sti cs       |            |
| Deaths                                | 42. 1 | With Pressure Sores   |               |              | Have Advance Dia   |                       | 76. 0      |
| Total Number of Discharges            |       | With Rashes           |               |              | dications          |                       |            |
| (Including Deaths)                    | 126   |                       |               |              | Receiving Psycho   | pactive Drugs         | 49. 6      |
| · · · · · · · · · · · · · · · · · · · |       | ı                     |               | •            |                    |                       |            |

\* Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

| *************************************                |                  |               |         |        |                          |        |                          |                |             |  |  |
|--|------------------|---------------|---------|--------|--------------------------|--------|--------------------------|----------------|-------------|--|--|
|  | This<br>Facility |               |         | 100    | Si ze:<br>- 199<br>Group | Ski    | ensure:<br>lled<br>Group | Al l<br>Faci l | l<br>lities |  |  |
|  | % %              |               | % Ratio |        | % Ratio                  |        | Ratio                    | %              | Rati o      |  |  |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 92. 9            | 87. 7         | 1. 06   | 83. 5  | 1. 11                    | 84. 4  | 1. 10                    | 84. 6          | 1. 10       |  |  |
| Current Residents from In-County                     | 86. 0            | 76. 7         | 1. 12   | 79. 2  | 1. 08                    | 75. 4  | 1. 14                    | 77. 0          | 1. 12       |  |  |
| Admissions from In-County, Still Residing            | 26. 1            | 28. 2         | 0. 93   | 22. 5  | 1. 16                    | 22. 1  | 1. 18                    | 20. 8          | 1. 26       |  |  |
| Admi ssi ons/Average Daily Census                    | 84. 7            | 91. 3         | 0. 93   | 125. 7 | 0. 67                    | 118. 1 | 0. 72                    | 128. 9         | 0. 66       |  |  |
| Discharges/Average Daily Census                      | 96. 2            | 92.8          | 1. 04   | 127. 5 | 0. 75                    | 118. 3 | 0.81                     | 130. 0         | 0. 74       |  |  |
| Discharges To Private Residence/Average Daily Census | 35. 9            | 32. 9         | 1.09    | 51. 5  | 0. 70                    | 46. 1  | 0. 78                    | <b>52.</b> 8   | 0. 68       |  |  |
| Residents Receiving Skilled Care                     | 86. 8            | 90.8          | 0. 96   | 91. 5  | 0. 95                    | 91. 6  | 0. 95                    | 85. 3          | 1. 02       |  |  |
| Residents Aged 65 and Older                          | 98. 3            | 88.8          | 1. 11   | 94. 7  | 1. 04                    | 94. 2  | 1.04                     | 87. 5          | 1. 12       |  |  |
| Title 19 (Medicaid) Funded Residents                 | 69. 4            | 67. 9         | 1.02    | 72. 2  | 0. 96                    | 69. 7  | 1.00                     | 68. 7          | 1. 01       |  |  |
| Private Pay Funded Residents                         | 24. 8            | 19. 7         | 1. 26   | 18. 6  | 1. 33                    | 21. 2  | 1. 17                    | 22. 0          | 1. 13       |  |  |
| Developmentally Disabled Residents                   | 0. 0             | 0.8           | 0.00    | 0. 7   | 0.00                     | 0. 8   | 0. 00                    | 7. 6           | 0. 00       |  |  |
| Mentally Ill Residents                               | 30. 6            | 46. 1         | 0. 66   | 35. 8  | 0. 85                    | 39. 5  | 0. 77                    | 33. 8          | 0. 90       |  |  |
| General Medical Service Residents                    | 29. 8            | 14.8          | 2. 01   | 16. 9  | 1. 76                    | 16. 2  | 1. 83                    | 19. 4          | 1. 53       |  |  |
| Impaired ADL (Mean)                                  | 55. 7            | 49. 7         | 1. 12   | 48. 2  | 1. 16                    | 48. 5  | 1. 15                    | 49. 3          | 1. 13       |  |  |
| Psychological Problems                               | 49. 6            | <b>56</b> . 1 | 0. 88   | 48. 7  | 1. 02                    | 50. 0  | 0. 99                    | 51. 9          | 0. 96       |  |  |
| Nursing Care Required (Mean)                         | 6. 2             | 6. 7          | 0. 92   | 6. 9   | 0. 89                    | 7. 0   | 0. 88                    | 7. 3           | 0.84        |  |  |